

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR PS  
9ASPE-3

DATE (MM/DD/YYYY)  
10/30/09

**PRODUCER**  
Insurance & Benefits Group  
252 N.W Executive Way  
Lees Summit MO 64063  
Phone: 816-525-3155 Fax: 816-525-7110

**INSURED**  
Aspen Contracting Inc.  
ASI Contracting Inc.  
ASI Contracting DBA:  
Aspen Contracting, Inc.  
ASI  
4141 Lakewood Way  
Lee's Summit MO 64064

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.


| INSURERS AFFORDING COVERAGE               | NAIC # |
|---|--------|
| INSURER A: Cincinnati Specialty Underwrit |        |
| INSURER B: Cincinnati Insurance Company   | 10677  |
| INSURER C: Axis Insurance Co              |        |
| INSURER D: New Hampshire Insurance        |        |
| INSURER E:                                |        |

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSR | TYPE OF INSURANCE   | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|---------------------|---|-------------------|----------------------------------|-----------------------------------|--|
| A                   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  | CSU0012529        | 07/24/09                         | 07/24/10                          | EACH OCCURRENCE \$ 1,000,000                         |
|                     |   |                   |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|                     |   |                   |                                  |                                   | MED EXP (Any one person) \$ EXCLUDED                 |
|                     |   |                   |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000                   |
|                     | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC   |                   |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000                       |
|                     |   |                   |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|                     |   |                   |                                  |                                   | Emp Ben. 1,000,000                                   |
| B                   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | CAP5183306        | 07/24/09                         | 07/24/10                          | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|                     |   |                   |                                  |                                   | BODILY INJURY (Per person) \$                        |
|                     |   |                   |                                  |                                   | BODILY INJURY (Per accident) \$                      |
|                     |   |                   |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                    |
|                     | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                   |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                           |
|                     |   |                   |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$                      |
|                     |   |                   |                                  |                                   | AGG \$   |
| C                   | <b>EXCESS/UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  | EAU719154/01/2009 | 07/24/09                         | 07/24/10                          | EACH OCCURRENCE \$ 10,000,000                        |
|                     |   |                   |                                  |                                   | AGGREGATE \$ 10,000,000                              |
|                     |   |                   |                                  |                                   | \$   |
|                     |   |                   |                                  |                                   | \$   |
| D                   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  | WC1290786         | 07/24/09                         | 07/24/10                          | WC STATUTORY LIMITS OTH-ER                           |
|                     |   |                   |                                  |                                   | E.L. EACH ACCIDENT \$ 1,000,000                      |
|                     |   |                   |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000              |
|                     |   |                   |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$ 1,000,000             |
|                     | OTHER   |                   |                                  |                                   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Roofing Contractor

| CERTIFICATE HOLDER  | CANCELLATION   |
|---|--|
| Topeka Public Works<br>Development Services<br>620 SE Madison St #6<br>Topeka KS 66607-1118 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE<br> |